



PATENT APPLICATION
Atty. Docket: 2537 (203-2755)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Finch et al. Examiner: Aaron Roane
Serial No. : 09/739,428 Group Art Unit: 3739
Filed : December 18, 2000 Dated: December 16, 2005
For : **APPARATUS FOR THERMAL TREATMENT OF AN
INTERVERTEBRAL DISC**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT UNDER 37 C.F.R. §1.111

Sir:

In response to the Office Action of the U.S. Patent and Trademark Office mailed on September 16, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begin on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this Amendment and any document referred to as enclosed herein is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: Dec 16, 2005
December 16, 2005

Maria Lapitan

2739
PATENT

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AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

[] Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.

[] A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.

[X] No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE FEE	ADDIT. OR	RATE	ADDIT. FEE
TOTAL	17	MINUS 20	=	X \$	X	\$ 0	
INDEP.	2	MINUS 3	=	X \$	X	\$ 0	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				X \$	X	\$ 0	
				TOTAL ADDIT. FEE <u>\$ -0-</u>	OR TOTAL	\$ 0	

* If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

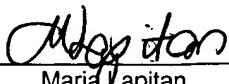
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

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Dated: December 16, 2005

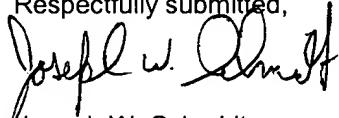

Maria Capitan

Please charge Deposit Account No. 21-0550 in the amount of \$_____. Two (2) copies of this sheet are enclosed.

A check in the amount of \$_____ is enclosed.

Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 21-0550. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 21-0550 therefor. **TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.**

Respectfully submitted,



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